

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/29/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/27/2010
NAME OF PROVIDER OR SUPPLIER  APPALACHIAN CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation the facility failed to assure corridor doors would close to a positive latch.</p> <p>The findings included:</p> <p>Observation on July 28, 2010 between 8:30 a.m. and 3:30 p.m. revealed the clean utility room door on the 1st floor needed a positive latch adjustment, the clean linen room door on the 1st floor was warped and must be replaced, the shower room door near room 18 needs a positive latch adjustment and the clean linen room door on the ground floor is warped and must be</p>	K 018	<p><b>K 018 NFPA 101 Life Safety Code Standard</b></p> <p>The positive latch on the clean utility room door on the first floor has been adjusted and now closes properly.</p> <p>The doors of the clean linen rooms are being replaced. The doors have been ordered and will be installed when they arrive.</p> <p>The positive latch on the shower room near room # 18 has been adjusted and now closes properly.</p> <p>All doors have been checked by maintenance and all positive latches are working properly.</p> <p>The Maintenance staff will check all positive latches on all doors monthly during their preventative maintenance rounds to assure they are working properly, adjusting them as needed.</p> <p>Nursing and laundry staff will be instructed again re' not propping the clean linen room doors open which causes them to warp.</p> <p>Supervisors in Nursing and Maintenance will monitor door latches during their daily and/or weekly rounds, and will submit work orders to have adjustments made as they are needed.</p>	8/24/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1	K 018			
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation the facility failed to assure the sprinkler system was maintained in reliable operating condition.</p> <p>The findings included:</p> <p>Observation on July 28, 2010 at 11:00 a.m. revealed four (4) sprinkler heads in the service corridor had a grimy buildup and must be replaced.</p>	K 062	<p>K 062 NFPA 101 Life Safety Code Standard</p> <p>The four (4) sprinkler heads in the service corridor were replaced on 7/28/10.</p> <p>All other sprinkler heads were checked for buildup and/or debris.</p> <p>The Maintenance staff will check the sprinkler heads monthly during their preventative maintenance rounds for buildup and/or debris and will document these checks. The sprinkler vendor will be notified of need to clean or replace if corrections need to be made. Documentation will be maintained as to sprinklers cleaned or replaced throughout the facility.</p> <p>The Maintenance Supervisor and/or Safety Officer will monitor the documentation to assure it is maintained and will spot check the sprinkler heads to assure they are clean of debris.</p>	8/9/10	8/9/10